

## CHILD'S DEATH, SERIOUS INJURY OR EGREGIOUS INCIDENT NOTIFICATION

**Use of form:** Personally identifiable information on this form is collected so that State staff with supervisory responsibility are aware of information regarding a death, serious injury or egregious incident involving child abuse or neglect. Such personally identifiable information will be used only for this purpose. If additional space is needed to complete this form, attach a separate sheet.

"Egregious" abuse or neglect means cases of abuse or neglect that are likely to draw the attention of the media, legislators, or are otherwise likely to become known to the general public. This may include alleged cases of abuse or neglect or maltreatment involving significant violence, torture, multiple child victims, the use of inappropriate or cruel restraint (e.g., keeping children locked in cages), the exposure of children to dangerous situations [e.g., making children stay outside in the winter as punishment (to an extreme degree, without coats, locking doors, etc.)], and similar types of circumstances. We would request you to err on the side of notification of the Division if there is any doubt.

"Serious injury" means bodily injury which creates a substantial risk of death, or which causes serious permanent disfigurement, or which causes a permanent or protracted loss or impairment of the function of any bodily member or organ.

Name - County	Date of Incident (mm/dd/yyyy)
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### Child Information

Name (Last, First, MI)	Birthdate (mm/dd/yyyy)
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### Primary County Contact Person Information

Name	Telephone Number
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Title

E-Mail Address

### Secondary County Contact Person Information

Name	Telephone Number
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Title

E-Mail Address

Check appropriate box: ☐ Death ☐ Serious injury ☐ Egregious incident

Placement and / or association with child protective services. (Check all that apply.)

**Yes** **No**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Child protective services case is open on the child or the child's family at the time of the death, serious injury or egregious incident.    |
| <input type="checkbox"/> | <input type="checkbox"/> | Child protective services case was closed on the child or the child's family at the time of the death, serious injury or egregious incident. |
|                          |                          | Date case was closed: _____<br>(mm/dd/yyyy)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Child was in foster care / treatment foster care placement at the time of the death, serious injury or egregious incident.                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Child was in a Kinship Care placement at the time of the death, serious injury or egregious incident.  |
|                          |                          | If "Yes" the Kinship Care placement was: <input type="checkbox"/> Court ordered <input type="checkbox"/> Not court ordered                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Child and family have never been involved with child protective services.  |

### Foster Parent / Treatment Foster Parent Information

Name	Telephone Number
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Address (Street, City, State, Zip Code)

Probable cause of child's death or circumstances surrounding the serious injury or egregious incident. (Check one of the following.)

- |                          |                                 |
|--------------------------|---------------------------------|
| <input type="checkbox"/> | Natural; death was expected     |
| <input type="checkbox"/> | Natural; death was not expected |
| <input type="checkbox"/> | Possible maltreatment           |
| <input type="checkbox"/> | Suicide / attempted suicide     |
| <input type="checkbox"/> | Accidental                      |
| <input type="checkbox"/> | Homicide / assault              |

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Indicate what other professionals have been involved or with whom your agency has had contact as a result of the incident.

- |   |   |
|---|---|
| <input type="checkbox"/> Law enforcement            | <input type="checkbox"/> Physician / hospital                           |
| <input type="checkbox"/> Emergency medical services | <input type="checkbox"/> Media - Specify what media: _____              |
| <input type="checkbox"/> Fire department            | <input type="checkbox"/> Legislators - Specify which legislators: _____ |
| <input type="checkbox"/> Coroner / medical examiner | <input type="checkbox"/> Other - Specify: _____                         |
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Provide a detailed explanation of the situation regarding the death, serious injury or egregious incident. Include details related to the time and place of the incident; any factors leading up to the incident; any medications that the child may have taken that relate to the incident, and any other information that would be helpful to the Division in understanding what occurred.

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Describe any actions the county has taken to provide for the safety of the child or other children who may be involved or affected by the incident.